

MULTIPLE DEPENDENT CLAIM		FEE CALCULATION SHEET		CLAIMS	
SERIAL NO.	FILED DATE	APPLICANT(S)	CLAIMS	CLAIMS	CLAIMS
1			AS FILED	MD	DEP
2				MD	DEP
3				MD	DEP
4				MD	DEP
5				MD	DEP
6				MD	DEP
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48				MD	DEP
49				MD	DEP
50				MD	DEP
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												